

SCIENCE AND TECHNOLOGY
COMMITTEE

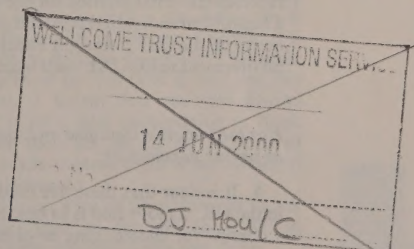
EQUAL (EXTEND QUALITY LIFE)

MINUTES OF EVIDENCE

Monday 20 March 2000

AGE CONCERN ENGLAND
Baroness Greengross of Notting Hill OBE

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Members present:

Dr Michael Clark, in the Chair

Mr Nigel Beard
Dr Ashok Kumar

Mr Ian Taylor

Memorandum submitted by Age Concern (the National Council on Ageing)

INTRODUCTION

1. The mission of Age Concern is "To promote the well-being of all older people and help make later life a fulfilling and enjoyable experience". Objectives include:

To influence and develop public policies that affect older people by seeking to influence those who formulate or administer policies so that they take full account of the implications of an ageing society in all major aspects of living.

2. As the National Council on Ageing, we bring together the network of 1,400 local Age Concern organisations which provide vital services to older people in their local areas, and over 100 national organisations in the UK (including the main professional bodies and pensioner organisations), making us the leading charitable movement in the UK concerned with ageing and older people. At a national level, we take a lead role in campaigning to influence government policy and bring about lasting change, through the provision of information and advice, research, training and grants. Initiatives include for example, the Debate of the Age—a national awareness raising campaign and consultation exercise to consider the implications of an ageing population; and working with a pan-European Expert Group attempting to identify the determinants of healthy ageing.

To what extent has Age Concern been involved in the initiative?

3. In order to respond, it is first necessary to define our understanding of what EQUAL is. Our limited access to documentation with reference to this initiative and its objectives, makes this task difficult and inevitably hinders any attempt at evaluation. To the best of our understanding, the EQUAL initiative has consisted of a series of meetings between the OST and Research Councils, and manifested in the form of specific funding programmes: EPSRC (EQUAL), BBSRC (Science of Ageing—SAGE), MRC (LINK Integrated Approaches to Healthy Ageing), and the ESRC (Growing Older). From our perspective, EQUAL appears to have had no profile beyond this and as a "concept" has led to confusion outside the funding arena, due to inconsistent reference to it.

4. Age Concern contributed to early considerations of the initiative. More recently, an Age Concern representative has advised on one of the above programmes and representatives have been asked to advise on a handful of individual research projects within these programmes. It should be noted that Age Concern is active on the OST Foresight Panel on an Ageing Population and several task forces; however, due to minimal involvement in EQUAL itself in any strategic sense, many of the questions raised cannot be commented upon.

Has the initiative identified and supported the most appropriate research areas for confronting the challenges of an ageing population?

5. It is clear that these five funding programmes have stimulated and raised the profile of ageing research in the UK, a move that is to be lauded. Moreover, they have provided a focus for networking in the UK and a context for encouraging involvement in initiatives such as the EC Fifth Framework Programme. It must be assumed that within the context of these four programmes, those proposals funded were those judged to be of the highest quality within the parameters of each call.

6. However, Age Concern is unable to comment on whether the most appropriate areas of research have been supported. We would like to enquire whether there is an understanding across the research councils of the balance of research supported under the EQUAL initiative? Age Concern is not aware of an "agenda" or priorities having been set with regard to ageing research. However, we would suggest that the existence of a strategy and priorities may assist in benchmarking and evaluating progress, in considering the UK's position internationally and developing confidence in what has until now been a largely neglected field.

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[Continued]

Is research in this area receiving sufficient government funding?

7. We would propose that there are several areas characteristic of this research field which require specific attention in terms of investment and support:

- (i) the need for truly inter/cross-disciplinary research—whilst such research has been strongly encouraged under these programmes, there are still fears within the research community about evaluation within present frameworks;
- (ii) the need for long-term investment and full exploitation of longitudinal studies—these are a key to success or failure in understanding the ageing process and the changing dynamics of generations as they and the population ages;
- (iii) the need for confidence building—the encouragement of younger researchers into this field and the encouragement of innovation and experimentation particularly in developing new partnerships and in cross-national research;
- (iv) the need for innovation in developing processes and linkages leading to implementation and/or policy development (and evaluating progress)—this is a highly neglected area;
- (v) the need for a user-centred/defined approach—we are pleased by the involvement of users in many projects (thanks to the encouragement of funders) and would encourage monitoring to overcome token involvement.

8. Age Concern suggests that in order to fully assess required levels of funding, the following are needed:

- a better understanding of the balance of current research across Research Councils—together with an overview of recent research within and outside traditional “ageing” research;
- consensus on UK research strategy/priorities;
- a higher profile understanding of barriers to progress;

all of which will additionally enhance the capacity for wider advocacy on behalf of the UK research community.

7 January 2000

Examination of Witness

BARONESS GREENGROSS OF NOTTING HILL OBE, Director General, Age Concern England, was examined.

Chairman

170. Baroness Greengross, welcome to the Science and Technology Select Committee and thank you very much for coming along and helping us. I do not think we have to describe to you, of all people, what we are doing and what we are looking at, which is EQUAL, as you well know, Extended Quality of Life, into which you have had a big input, and we hope you have another input this afternoon as you talk to us. Before I ask Dr Kumar to put the first question, would you very kindly just introduce yourself and tell us a little bit about yourself, which we probably already know, but for the sake of the record.

(*Baroness Greengross of Notting Hill*) Thank you very much, Dr Clark. My name is Sally Greengross. I have been involved in the field, or various parts of the field, of ageing for many years, about 23 now, and my job with Age Concern, as it is now, for the last 13 years, and yes, it is a very broad field. It is all about extending the quality of life and that is really what Age Concern or the Age Concern Institute of Gerontology and its Director, Professor Janet Askham, are trying to do one way or another the whole time. It may be by doing research; it may be by trying to change attitudes; it may be by trying to get new legislation, but it is really to speed up the process of recognition of, I suppose the easiest way of putting it, the difficulty in age being in itself a criterion nowadays for doing anything. Age neutrality is very important really and age should be less important

than it is because we are all different; we have different chronological ages and, although we may share a chronological age, if we share a chronological age, it does not mean that we are the same as each other. I think the reason this is so interesting to me personally is that through the many different areas I have been involved in, I have recognised that we are facing the most huge change, change in life expectancy, change in the quantity of people who survive into old age, and we are beginning to get a feeling that we can do something about compressing morbidity which will make such a vast difference in every respect to the quality of life of old people; it is such a huge priority. Perhaps the positive scientific evidence coming from the US now is that you can actually do that. I know they are not always accepted, but it is very, very encouraging to think that, if we are not there yet, we are on the brink of being there and much research needs to be looking at how that can be increased.

Chairman: I suspect a lot of what we want to ask you or what you want to say will come out in questions, so perhaps we could leave that there.

Dr Kumar

171. Baroness Greengross, to what extent is Age Concern involved in research into improving quality of later life and can you tell us of some examples that your research activities have been involved in?



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[Continued]

[Dr Kumar Cont]

(*Baroness Greengross of Notting Hill*) Age Concern, the charity, only does a limited amount of direct research. Many years ago, we did have a research department, a small one, and then we joined forces with the University of London, Kings College, and we established jointly or with joint responsibility a department there which is the Institute of Gerontology which Professor Askham now directs and in fact she was with us when it was our research unit as Age Concern England. Once that was established, then most of the research activity that Age Concern itself conducts is done through the Institute, sometimes through other research bodies, and sometimes obviously in collaboration with other bodies as well. We do a lot of research which is not pure research. In other words, we are collecting data, we are collecting evidence, we do a lot of policy analysis which many people would call research, and, at a personal level, I have been involved in a lot of research activity, but in an advisory capacity.

172. Could you give us examples of the type of research activities?

(*Baroness Greengross of Notting Hill*) That I have been involved with?

173. Yes.

(*Baroness Greengross of Notting Hill*) I am an adviser to the 5th Framework Programme, the European one, at the moment. I have given evidence over the years to people who are looking at research priorities and I am a member of the ESRC Connect Programme, and there are a few things like that that I get involved in. Of course with Kings, with the Institute, I am a member of the Board and joint Chairman of that.

174. EQUAL is an initiative aimed at carrying out and applying research to meet the challenges of improving the quality of later life in an ageing population. To what extent do you think research can contribute to meeting those challenges?

(*Baroness Greengross of Notting Hill*) Research is of fundamental importance if we are to meet these challenges in a way which really helps us to do that and that is why this is a very important initiative. I think perhaps many of us underestimated the difficulty of this and the importance of it being a developmental exercise. I am thinking here of another role I play where I am a member of the Foresight Panel on the Ageing Population and that, together with a major exercise that my organisation carried out called "The Debate of the Age", is not looking statically at what is going on now, but looking forward to the future, so a lot of that is scenario-planning, if you like. It is not research based on knowledge now, but it is looking at alternative scenarios that we are going to face. Because of the rate of change at the moment, I think Foresight, which obviously is very closely linked to your work, is of the utmost importance because it is actually saying that this is one huge area, and we are looking forward to a future where the whole balance of the population is differing and where we recognise that there has been a huge amount, if not of blatant discrimination, of neglect of the real effects of the ageing of the population, which can be seen right through the life course; it changes the lives of children, it changes people's prospects, and it throws

up the need for changed policies throughout the life course because longevity is really what I am talking about. It is marvellous if we get it right and obviously we would all like it if we had an extended quality of life, which is why EQUAL is very important, but we have to prepare for that and I think in some respects the Foresight initiative is really one of the major ways of doing that, or trying to do that. However, I think some of the things that Age Concern has unearthed point to the difficulties, that we know that quite a lot of medical and clinical trials, for example, stop at the age of 64 or 65 and this is a very clear example of why we do not always get the knowledge that we need and which research should enable us to have, and we know that we often ignore the fact that so many older people suffer from multiple pathologies and that is not always recognised, so when one piece of research is done, it is not always pointing the way to helping with those multiple pathologies which need a multiple response in many ways and we know that the older population suffers in terms of quality of life as a result of that.

175. You mention Foresight. Tell us, please, how successful you think the Foresight exercise has been insofar as changing the opinions and attitudes of the scientific and industrial communities to get action into your field?

(*Baroness Greengross of Notting Hill*) I think it is too early to say, because the report of this particular panel, which is, we hope, going to influence industry, the scientists, and particularly those people whom the DTI and Foresight are targeting, has not been produced yet, although it is almost ready. I think it is going to be launched in June, but launched for consultation and not finalised until the end of the year. So, I think a lot of the challenge—and I think it is what EQUAL has faced really—is how publicity for this can be used to change attitudes, because in our society we have a constant battle to get recognition of what you, the members of this Committee, are so committed to, or you would not be here, to get attitudes changed. It is desperately urgent to do that and desperately urgent for our economy, which is what Foresight is very interested in, as well as in terms of social goals.

176. Baroness Greengross, can you tell us where you think the Foresight Panel is going to go from here in developing new researches, funders, industry and policy makers to work together? It is the future direction that I am trying to explore with you.

(*Baroness Greengross of Notting Hill*) I think that in all aspects of ageing, the policy of how people are ageing and the ageing of the population, we have, if you like, the wind going in our direction, so it is going to happen at some stage, but not fast enough for people like me. Much more important than me, it is not fast enough for today's generation of old people, because they suffer as a result of the uncoordinated approach. The research councils in this country do not always work together. I know EQUAL is doing a Trojan job to try and get them to work together, but coordination among people who are competing with one another always has limited resources and it is very difficult, and the academic community is no more exempt from that than any other sector of the population of professional people. It is difficult. Obviously there are examples, like the National

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[Continued]

[Dr Kumar Cont]

Institute on Ageing in the United States, which pools a lot of research funding together. We have never had that sort of programme where the Government departments provide funding for research and foundations provide research funding. There is a multiple range of different bodies to which people address their proposals in the UK. We have not really, I think, achieved something which can break up that fragmentation. I do not know whether it is possible with our culture, but the EQUAL initiative is trying to do that, I know, and I think that is a marvellous aim. I think we have to recognise the difficulty.

Chairman: I am sure we will move onto coordination of research later with Mr Taylor. Mr Taylor does have a question now anyway.

Mr Taylor

177. It refers to the evidence you gave us in your written memorandum. You say that there has been minimal involvement in EQUAL itself in any strategic sense by the OST Foresight Panel on the Ageing Population. Why is that? Whose fault is that? (*Baroness Greengross of Notting Hill*) I think that that was actually written when we had not got terribly far.

178. This is paragraph 4, dated 7th January.

(*Baroness Greengross of Notting Hill*) "Minimal involvement in EQUAL itself." The task forces have not been involved. I think, because of what EQUAL is, as far as I understand it, it is a coordination exercise. Foresight has commissioned some research through its task forces and the Ageing Population Initiative, but I am not sure that they have been directly involved. But I do not think I am qualified to say whether they have not at all. I just think this was what we gleaned and meant that we could not comment terribly well.

Chairman

179. Can I move onto one or two questions about the impact of the EQUAL campaign? Since EQUAL was launched four or five years ago, what impact do you think the EQUAL campaign has had on raising the issue of extended quality of life for older people up the research ladder? Do you think if you had not had EQUAL, things would be the same now, or do you think by having had the EQUAL campaign things are better and more hopeful now?

(*Baroness Greengross of Notting Hill*) I think things are better and more hopeful. It is one of many attempts to bring these issues to the attention of the research community and to bring the need for a coordinated and multi-disciplinary approach to the attention of the Research Committee. I think it is, like many of the other initiatives, battling in a very difficult area, because you have professional rivalries and you have difficulties in getting people to work together. It is almost unheard of in some respects to, for example, think how health interplays with the built environment and that research needs to be directed much more in those directions. We are used to saying health and social services go together. It is extremely difficult to go right across the board in the way that, I think, needs to be looked at if we are really

going to get a coordinated approach to quality of life. It is hard to restrict this to one or two areas of work or, perhaps, one department or one very big department of state taking the lead role. I think it is not only EQUAL, but the Government is very committed through its joined up government approach to getting a more coordinated view, to getting the views of old people who, in research terms, also need to be consulted more and to be part of any initiative, because older people are adults whose views need to be taken into account when designing programmes as well as when carrying out the research after the proposal had been designed.

180. But if you say that things are better and more hopeful now as a result of EQUAL, can you just give one or two, or possibly three even, examples of major or urgent research areas that have identified themselves as a result of EQUAL working together with government in joined-up government, all these people coming together and thinking of the problems? There must be one or two areas of urgent research needed, and some of it may be started, but can you just give us examples of one or two urgent and key things that have been thrown up as a result of the EQUAL campaign?

(*Baroness Greengross of Notting Hill*) I think some of the recognition about research into health issues that I mentioned before and, for example, the beginnings now of an understanding that we need to look at health as well as the traditional medical research into illness and cure is a breakthrough. I think all of this area is very difficult and that is why I do admire everybody who is working and those who have been working all this time so hard to make it succeed. However, for example, the different integrated approaches to healthy ageing are very important, but you have got to have a longer-term research programme because—

181. What does this research programme do?

(*Baroness Greengross of Notting Hill*) It has got to measure health gain as opposed to cures for illness and it is very difficult.

182. This is the first time we have heard this expression, "health gain". Would you like to tell us something about what health gain is?

(*Baroness Greengross of Notting Hill*) Let me give you a concrete example, if I may. About ten/twelve years ago, I was involved in establishing with some help from the European Commission and private sector funding something called the Ageing Well Programme across many of the Member States of the European Union, then Community. It was a way of involving older people through action research into maintaining better health, in preventing disease and in trying to evaluate and measure the results of this, and it is that last bit which is so difficult, so when I have spoken to government representatives about this, I always have to say, "If you were an industrialist and you were investing some money in a new initiative, a new venture, you would not expect to get your money back in a year", and that the way we cost our Health Service or social services, and particularly the Health Service, is one in which we measure results really on a sort of cost-benefit basis on almost an annual basis. If you are trying to measure an investment in better health, it may take

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[Continued

[Chairman Cont]

ten years or 20 years or 30 years to do that and governments tend to be reluctant to do that because they need evidence of an improvement, especially if there is an election coming up around the corner somewhere. Any country that I know of that invests in this sort of health promotion programme finds it difficult to get governments to give them enough recognition and that is a form of research, and it is very much action research, but you need to measure that and you need a long time. We, in this country, have very little longitudinal research compared with, say, the United States and many other developed countries. We tend not to do that. We are just beginning to get a little bit of longitudinal research.

183. We are very anxious to talk about research. I am getting the impression that there is not much research going on apart from desk research on statistics and figures and longevity. It is legitimate research of course, but research is also research to try to cure disease or to help mobility or assist with eyesight or bring in devices to help people whose sight is failing or whose hearing is going. I hear nothing about any of this. I only hear about paper research to look at what might be the existing situation. Is there no proactive research of any type at all going on under the EQUAL campaign?

(*Baroness Greengross of Notting Hill*) I do not think I can quote you. I think there is, but how much EQUAL can take credit for it, I do not know, but there is a lot of research going on. What I think we suffer from in this country along with the fragmentation is very large-scale research that is going to show us the benefits of a co-ordinated, multidisciplinary approach. We do not, in this country, invest enough money in that and I think perhaps what EQUAL needs is very forceful driving forward in the future.

184. That is the impression we are getting from the evidence we are taking, so yes, that is absolutely right.

(*Baroness Greengross of Notting Hill*) I do not know if I am right or not because I am very much—

185. Well, it is the feeling we are getting. You have actually answered the next question I wanted to ask you. I was going to ask you whether EQUAL could take credit for what is happening. You are saying you are not sure it could, that some of these things might well have happened anyway. Could I just ask my final question on a subject which is so dear to your heart that you will be delighted to get the question. You are so well known for your connection with Age Concern, and when my wife was Vice Chairman of Age Concern Essex, we used to get a lot of your literature into our household, but could you just tell us very briefly how Age Concern would like to see EQUAL and governments working together and what sort of research Age Concern might have wanted to be developed?

(*Baroness Greengross of Notting Hill*) Could I just start by saying that I am not sure that EQUAL cannot take some credit; I think EQUAL can take credit for some of the work that is going on. We are all pushing back the boundaries, we are changing attitudes and we are getting a much more positive view about the importance of research in this huge field, and EQUAL is a very important voice in

getting that to happen. I think it is one voice and maybe it ought to be a much stronger voice in doing that which means putting in more resources, and that is part of the collaborative effort that is needed, and for the research councils to come together and to fund at least one major long-term piece of research that will demonstrate the benefits of some of this co-ordinated approach. Maybe it is a life course approach to the effects of longevity and the compression of morbidity and you probably have to start in infancy, if not before then, and so on, but we really do need at least one flagship piece of major research and EQUAL would be the right body to get that off the ground, but it has got to be that big, collaborative effort which of course, if we were the National Institute of Ageing in the States, we could do. We may not be able to do that, but EQUAL is there waiting for somebody to make that happen and I think it needs this very strong drive. I want to encourage it and I think we have to say that some of the work of the MRC and the ESRC, the ageing programmes or the European one, it is a combined effort and it is hard to give you evidence of what is specifically EQUAL's triumph, but it is one of the forces pushing for this change and it is terribly important, so it must continue to be taken forward, but it must be taken forward with the resources, the drive, the energy and the commitment to make sure that the quality of life is improved.

Mr Taylor

186. You have made some very good observations there. I just wonder how much you have been consulted in this process?

(*Baroness Greengross of Notting Hill*) By EQUAL?

187. I suppose we ought to be a bit careful. EQUAL was an initiative to try to stimulate research. You refer in your evidence to the work of various people and research councils coming together, and you have just referred to some of the projects which some of the research councils have. You then go on to say, "EQUAL appears to have had no profile beyond the arrangement with the OST and research councils, and as a concept it has led to confusion outside the funding arena, due to inconsistent reference to it." Reference to what? EQUAL was an initiative to stimulate others to do research into this field.

(*Baroness Greengross of Notting Hill*) That is why I did say before, Mr Taylor, that I would hate to say that it has not had an effect, because so much is happening and much of that may be attributed to EQUAL. I am not in a position to be able to verify—

188. I go back to my first question. You talk about one major research party. How much has the OST consulted you on how it might take people further?

(*Baroness Greengross of Notting Hill*) I have been to some of the seminars which my colleagues have done that look at design, technology, built environment issues, so I have done that. As a non-scientist I am not a particularly able person in those seminars, so I am learning much more than I can actually provide in the way of key information.

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[Continued]

[Mr Taylor Cont]

189. But you are a user of the various outputs that might come from research projects. Do you feel that the EQUAL initiative has almost been internalised, rather than looking at what effect it might have with the user community?

(*Baroness Greengross of Notting Hill*) I think that is probably true. I have to confess to a lot of ignorance here, but it has not, to my knowledge, penetrated as widely as it might have done. I think, perhaps, that is what I mean when I say that it needs to go forward with very strong drive and commitment. Maybe we are talking about wider publicity, wider spread of knowledge about what the potential of this initiative is.

190. I would just like to pay you the compliment of saying that all the experience that you have had in the whole area of problems of ageing does not lead me to think that you suffer from ignorance and, therefore, somebody has failed to contact you about how you might take advantage of it and how EQUAL might be strengthened.

(*Baroness Greengross of Notting Hill*) I cannot tell you how much of the ESRC's initiative is there because of EQUAL. I am not in a position to say how much of that happened because of EQUAL or the MRC's priorities now. This is something that I am really not qualified to say. I hope that EQUAL has stimulated quite a lot of that work. It is excellent that it is happening. I do not think it is happening on the scale that I would like to see this country involved in, but some of the work in some of the universities is really original. It is not just desk research, I think it is more original research, and quite a lot of both.

Chairman: You misunderstood me. I was saying that all I was hearing from you was "desk research". I was not saying that is all that was happening. I wanted to get from you more examples of proactive science type research rather than just desk research. Do not let me distract you. Please answer Mr Taylor. I did not want you to misunderstand my question.

Mr Taylor

191. I think I have got the impression of how you stand on these issues. Let me finally ask you the question whether you think EQUAL could be run more effectively in a different way? Should there be a supremo for the EQUAL exercise?

(*Baroness Greengross of Notting Hill*) Yes, there should.

192. There should?

(*Baroness Greengross of Notting Hill*) Yes.

193. The supplementary, therefore, is, it is not so much who, as an individual, but what sort of position should that individual person have in the OST? Should they be in the OST or should they be independent of government? How do you perceive this person?

(*Baroness Greengross of Notting Hill*) Either independent of government or in one of the over-arching areas of government, which is what the Government itself is considering so actively at the moment. For example, do we have somebody who is looking at ageing and old people's issues in the Cabinet Office, or should we have somebody in the Department of Social Security? I would say,

immediately, if you are going to have somebody not independent of government, it should be in the Cabinet Office or an area which is not tied to social security or health, because this gives an impression which is not helpful. I would rather see an EQUAL supremo independent of government who has the respect of the research bodies, who can work with all of them and who could really stimulate more of this type of very important work. I do have to say that I think it is a life course approach that is necessary, it is not just research into ageing and old age.

194. This person would be responsible not only for coordinating within government and keeping an eye on research projects, but presumably liaising with a variety of user groups?

(*Baroness Greengross of Notting Hill*) The approach of liaising with user groups is a very important one which is becoming more widespread and recognised as part of the whole joined-up government approach, and I think that is to be welcomed. What we have to get over is the defensiveness, which is totally understandable in terms of research, and so somebody who is a very strong leader could be seen to be helping to get partnerships established and to get disciplines who find it difficult to work together to share in a common cause so that you have got the different sectors as well as disciplines working together, which is very important. So more research done with builders, if you like, as well as the needs of the people who need buildings which suit their needs. Somebody who is a facilitator as well as a leader and who brings people together would be very, very helpful, and who would be seen as facilitating and as a multiplier of opportunities, which is terribly important in this country.

Mr Beard

195. The Science Council has predicted that United Kingdom research could be expected to win about 20 per cent of the Fifth Framework Ageing Population Action funding and that would exceed the 14 per cent that the United Kingdom puts into the Fifth Framework Programme. Do you think that the funding of United Kingdom research in areas relevant to age is high enough for that to be achieved?

(*Baroness Greengross of Notting Hill*) I think the United Kingdom, in these sorts of programmes, has traditionally done very well. Although I was saying that more people need to know about EQUAL and its goals and how it is hoping to achieve them, we are still quite well organised in many respects about the European Union and its potential than many countries of the Union, so we do do rather well, and I am delighted about that. I think the minister was expressing something which is absolutely correct.

196. What would be your hopes for the Ageing Population Key Action Programme?

(*Baroness Greengross of Notting Hill*) It is not that dissimilar to what I have been saying about a coordinated approach across the different disciplines. One of the difficulties with the Fifth Framework which I have experienced before at European level is that some of the professions tend to dominate the groups that meet to determine the

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[Mr Beard Cont]

priorities. I am an absolute believer in medical research. I am not arguing that this is not a real priority, we are on the brink of so much which can compress morbidity and which can transform life for people of all ages, and it is very exciting, but the balance of action based research and pure research is not right yet. I chaired one of the meetings a couple of weeks ago for that programme. What we were trying to do was to get a better balance across the disciplines, so that it would not all be pure medical research, but we would also get some social research funded. I think we find here in this country, and indeed in most countries, that if you have got people with multiple pathologies, you have got to have multiple solutions. It is extremely difficult to put particularly old people into one box when what they need is a really co-ordinated approach to help them and it shows up in research, it shows up in community activity, it shows up in public welfare services and indeed in the way we organise care across the whole country, whether it is the NHS or anywhere else. We have got to make it apparent that we are looking at all aspects of life and that is why EQUAL is potentially even more valuable than it has been able to be until now.

Chairman

197. You are absolutely right in what you are saying, that the potential for EQUAL has not yet been fully realised, that it is a very, very good idea, that probably it started off quite well, it has been allowed to collect a little dust perhaps and it is about time we blew the dust off and not only blew the dust off, but pumped it up as well. I think that is probably what you are saying actually.

(*Baroness Greengross of Notting Hill*) I am saying that, but I am saying that whoever is going to brush it off and start on a different scale, if you like, has got to understand the sensitivities of our professional researchers and people who are put in this position where there is not enough money and everyone is competing. We have got to have a new way of looking at this which brings people together and says, "Here's something bigger, so if you, you and you can collaborate, I can help to make something bigger happen", and we can do that. It is very important that the potential is fulfilled, and it is not just speaking about it, but it is making it happen.

Mr Beard

198. Could I take you back, Lady Greengross, to the 5th Framework Programme, Ageing Population Key Action. How important is that compared with EQUAL, do you believe, or how does EQUAL compare with that in its significance?

(*Baroness Greengross of Notting Hill*) Well, on the whole it is going to be research across more than one country. Theoretically, it can be broader than the European Union, so you would need at least three countries probably to be joining forces, and that is also becoming more and more important in our work because national boundaries are less significant than they used to be, and that is a good thing because we can always learn from each other. In terms of the scale of work, probably EQUAL is more relevant to

more people or could be than the 5th Framework Programme because although it is big, it is only big in comparison with what the European position has been with regard to older people and it is a wonderful thing that they have begun to take ageing and older people seriously as part of much more mainstream work at the European level. We have battled for a long time to get that and it has not been the fault of many people who have been trying; it is because of legal competencies and all sorts of things. Therefore, it is a great achievement to have this amount of funding, but I think if the research bodies here and the Government and any other interested industrial people through Foresight or any other initiatives can get together, we could achieve more for this country probably, and although I am saying this, I do not think I really know, but that is my impression, so I do not want to pretend that I know something I do not.

199. How would you rank the United Kingdom research community internationally in their ability to tackle these wide-ranging problems that you are referring to?

(*Baroness Greengross of Notting Hill*) Well, I do not think we are all that generous in what we allocate to research generally. I suppose we do tend to compare ourselves with larger countries like the United States or Canada, North America, which is not quite fair, so I always divide by four if I am talking about the United States. However, even if we do that, the research commitment is less, so I think we are not frightfully good yet.

200. In numbers or in quality?

(*Baroness Greengross of Notting Hill*) Numbers. I think the quality of our research is good. After all, in terms of ageing and older people, we have a very proud reputation, especially in medical terms with geriatric medicine. The Americans took off much sooner than we did in terms of socially-based research into ageing and older people, but we are catching up. There are lots of centres now which are interested in that, but we have a long way to go, even dividing by four, to catch up with them. There are lots of questions about specialist medical research now as opposed to a more general understanding of the ageing process. I think we have a bit of catching up to do in terms of quantity, but I will always continue to say that our quality is excellent.

201. You mentioned in your memorandum that there is a need to encourage more younger scientists to take notice of the problems of ageing.

(*Baroness Greengross of Notting Hill*) Yes.

202. Do you really think that is the right direction to go in as opposed to attracting the attention of some of the distinguished older scientists?

(*Baroness Greengross of Notting Hill*) I actually think that comment is an interesting one and it is really about attracting young scientists, young researchers, young medical people, young nursing people, et cetera, et cetera, young architects and so on into the field, looking at issues about the ageing of the population. That is really what Foresight is about; it is looking to the future. If we do not attract the young into this field, we are going to be in real trouble, so it is a bit like who we employ in this country in that we have tended to rid ourselves of older workers, but it would be just as bad if we just

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[Continued]

[Mr Beard Cont]

hung on to the older workers and we did not bring in young people because we have got to get an interest in what the ageing of the population is going to mean, if not to us, to our children when life expectancy is now beginning itself to be extended. It used to be that we survived as children, so we could all expect to live to a great age as opposed to dying off when we were very young, so life expectancy went up. Now we are getting a longer period of life, so it is beginning to grow at the other end as well. We really must get more people interested and people who find research in this field really exciting and challenging because the negative culture that we have, the negative view of anything to do with ageing and older people is going, but it is going very slowly, and of course my life has largely been spent trying to speed up the change, and that is what we have to do. We have to understand that this is absolutely fascinating and central to the development of the whole of our life in this country.

Dr Kumar

203. You mentioned this "negative culture of ageing", but is this a UK cultural phenomenon, is it across the Western world, or do you see it only in some countries and not in others, or is it just unique to here?

(*Baroness Greengross of Notting Hill*) I think it is very general in Western culture to devalue older people, but it is hard to generalise. It is much more prevalent in some areas than in others, but it does tend to happen, I think, as the speed of change gets greater and the traditional skills of older people are less valued. However, that is changing because of technology and if we had real age neutrality, we would involve people in all sorts of areas of life because they were competent, they wanted to be involved, they were judged on that competence and not on their age, but we do discriminate I think in health terms, if we just look at the obvious discrimination that takes place because it is considered more valuable to invest in research terms in young people, although you can get more spectacular results very often in looking at older people and their health, that is part of this negative attitude. We cannot deny that it is there. We have to try to educate everyone into getting rid of it. If we do not, we are going to have real problems in this country and throughout the western world.

Mr Beard

204. Can I take you back to the question of the Research Committee? Do you perceive that there are areas where the Research Committee, or the research that is going on, needs strengthening in relation to these age related problems?

(*Baroness Greengross of Notting Hill*) Yes. As I said before, I think a lot needs to be done about the compression of morbidity and maintaining health and the latest disease management, which is a coordinated approach to disease, recognising the multiple elements of pathology of disease now and the way it is managed. I think there are areas which had never been adequately looked at in terms of in-depth research, like mental health issues, the long

term sliding into depression and, again, morbidity. Because these are so complex, they do need a multi-disciplinary approach. It does not mean that we do not want specialists, but they must work together. For me that is where EQUAL is at its most valuable, in saying that we want to bring the different specialists together to work in a much more coordinated way. I hope that is beginning to happen.

205. Can you suggest ways in which they might be encouraged?

(*Baroness Greengross of Notting Hill*) I would say that the demographers need to work with the town planners much more. The designers or the police need to work with people who are researchers into what demography is going to do about crime, democratic change, and how it is going to be looked at in the future. There are these far-reaching areas which are terribly important.

206. Have you any idea as to how that may be brought about?

(*Baroness Greengross of Notting Hill*) By either a team of people or this strong leader person heading a team, if that is realistic, who are saying, "Let us look at some key issues", and getting people together to look at some key issues and then facilitating their co-operation instead of making it very difficult for them to co-operate.

207. Why should Age Concern not take that role?

(*Baroness Greengross of Notting Hill*) Age Concern, to some extent, has tried to do that with the Big Debate of the Age which we initiated, which is very close to the Foresight work and looked at the future in terms of the effects on everyone with the ageing of the population. The new initiative is taking that forward at both a national and international level. The International Longevity Centre is a way of taking some of those issues forward. It will not be the only way. The research bodies themselves can do it. I think Age Concern can play a role here, but Age Concern, the charity, is not, basically, a research body. I think that because it is a charity, whether it is in Essex or whether it is in a national setting, it has to always bear in mind its mission, which is to improve the quality of life of older people. It cannot always build things to the future and be taking time about it, because people cannot always wait. I think through the Debate, through Foresight, through the universities and through research, you can take a longer term view, where necessary, than a charity is always able to do. I think the new International Longevity Centre can do the same thing by saying, "Longevity is really the key. What are we going to do to meet the challenges of that?", which is about ageing. So, Age Concern can play a very clear role, because what Age Concern does well, I hope, is to draw attention to very important issues. I think Age Concern, this weekend, in drawing attention to big problems with pension mis-information and so on, has proved that it can do that through a very strong public affairs role, and maybe EQUAL needs that as well. It needs publicising. I really believe that you cannot do things these days very well unless you really get attention drawn to them in a very public way, because if you are in a university and you are working desperately hard you do not always know of everything that is going on.

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[Continued]

Mr Taylor

208. How do you do that for the research community? We have heard that there are not enough good quality projects coming forward from the research community. How do you think that good quality scientists can be encouraged to tackle the problems of ageing and get that message over and enthuse them?

(*Baroness Greengross of Notting Hill*) If I was one of the big city law firms and I wanted better input of young lawyers coming in, I would do what they do, go round to the universities and talk to them and really put the case across—it is this thing about young people—bring them in and publicise my needs. I think if we want people to be more fired and enthused by this type of research we have to be very proactive in publicising the benefits of it and make it exciting.

209. Who should be doing that?

(*Baroness Greengross of Notting Hill*) Maybe EQUAL, but working with Age Concern. I think we are talking about collaboration. That is what EQUAL is about. It is not about doing something on its own, it is about working together and getting a bigger thing. Can I just give you another example? I started a pan-European organisation about 20 years ago, which was very difficult to get off the ground. We had a lot of help from the Commission and the then Commissioner and so on, but it was very difficult because there are barriers at a European level of dealing with issues of ageing, which is why I am so pleased about the Framework Programme. One is looking at the labour market and we brought down the age and started to get older in order to get through that, but it was constantly very, very hard. Now it is necessary to combine forces, so that the organisation that I was involved in getting off the ground is going to merge with three or four others to form a larger, more heavily funded body, and work together to create something bigger. That is very difficult. If you are part of a university, unless there is a win/win thing for everyone, it is hard to do that. I think in the case of our pan-European organisation we will actually achieve more for older people by this merger than by staying independent. I am not

suggesting the research bodies should merge, but I am suggesting that a facilitating role of EQUAL to bring about more collaboration is very desirable. You have to understand people's sensitivities, which are real, and fears, which are real. You cannot have less. It has to be win/win.

210. What are the fears?

(*Baroness Greengross of Notting Hill*) Less research funding, less good evaluation of your university department or your college by the evaluators, less points for research. There has to be a multiplier effectively.

Chairman

211. Well, Lady Greengross, I think that is an appropriate place to finish for two reasons: firstly, because you have summed up passionately the role of EQUAL and Age Concern in your last statements; and, secondly, because Mr Beard has asked the very last question and since this is his last meeting of this Select Committee before he goes on to the Treasury Select Committee, we have allowed him to have the last word, so it is the appropriate place to finish. May I, on behalf of the Committee, thank you very much indeed for the evidence you have given us this afternoon and indeed the evidence you gave us in writing. We hope to encourage some revitalising of the EQUAL campaign which we think is worthwhile, but we think, and maybe you share our views—I am not asking you to confirm, but maybe you share our views—that it could be put into top gear and allowed to do a little bit more. There is no doubt it has made its contribution, but there is a greater contribution it can make and as all of us get a little bit older, we want it to get into top gear just that little bit sooner. So thank you very much indeed for your contribution and for finding time to be with us and I hope, when we do produce our report, that you will find it of some interest.

(*Baroness Greengross of Notting Hill*) I will indeed. Thank you, Dr Clark.

Chairman: Thank you very much.

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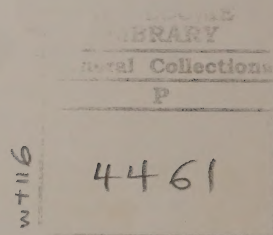
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